

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

FEDERATION OF AMERICAN HOSPITALS PAC

ADDRESS (number and street)

801 PENNSYLVANIA AVENUE

SUITE 245

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20004

2604

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00002261

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

07

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Jeffrey Micklos

Signature of Treasurer

Electronically Filed by Mr. Jeffrey Micklos

Date

08

15

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		5152.38
(b) Cash on Hand at Beginning of Reporting Period	29287.99	
(c) Total Receipts (from Line 19)	40309.23	390525.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69597.22	395677.95
7. Total Disbursements (from Line 31)	4953.40	331034.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64643.82	64643.82
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	33533.34	156131.70
(i) Itemized (use Schedule A)	1065.00	27101.68
(ii) Unitemized	34598.34	183233.38
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	31000.00
(c) Other Political Committees (such as PACs)	0.00	214233.38
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	34598.34	214233.38
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5710.89	176292.19
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40309.23	390525.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40309.23	390525.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	168750.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	168750.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		1500.00	153500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		3453.40	8784.13
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		4953.40	331034.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		4953.40	331034.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	34598.34	214233.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34598.34	214233.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	168750.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	168750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Noel Williams Mailing Address One Webster Lane City Nashville State TN Zip Code 37205 FEC ID number of contributing federal political committee. C Name of Employer HCA, Inc. Occupation SVP & CIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 20593790 Amount of Each Receipt this Period 2500.00
B. Full Name (Last, First, Middle Initial) Beverly Wallace Mailing Address 206 Concord Park West City Nashville State TN Zip Code 37205 FEC ID number of contributing federal political committee. C Name of Employer HCA, Inc. Occupation Group President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 20593793 Amount of Each Receipt this Period 3000.00
C. Full Name (Last, First, Middle Initial) Paul Martin Paslick Mailing Address 368 Lake Valley Drive City Franklin State TN Zip Code 37069 FEC ID number of contributing federal political committee. C Name of Employer HCA, Inc. Occupation Vice President, IT & Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 20593794 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Margaret G Lewis Mailing Address 1830 Fountain Drive Apt. 1203 City Reston State VA Zip Code 20190 FEC ID number of contributing federal political committee. C Name of Employer HCA, Inc. Occupation Healthcare Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt MM / DD / YYYY 07 / 02 / 2007 Transaction ID: 20593795 Amount of Each Receipt this Period 1500.00
B. Full Name (Last, First, Middle Initial) Mr. Rodney Vanpelt Mailing Address 4547 San Lorenzo Blvd. City Jacksonville State FL Zip Code 32224 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Jacksonville Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 07 / 02 / 2007 Transaction ID: 20593991 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. Jim Wood Mailing Address 13722 Marsh Harbour Drive North City Jacksonville State FL Zip Code 32225 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Jacksonville Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 07 / 02 / 2007 Transaction ID: 20594406 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Edward T Jones Mailing Address 2239 Avery Valley Drive City Franklin State TN Zip Code 37067 FEC ID number of contributing federal political committee. C Name of Employer HCA, Inc. Occupation VP of Supply Chain Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Transaction ID: 20594866 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dwight E Long Mailing Address 406 Belle Glen Lane City Brentwood State TN Zip Code 37027 FEC ID number of contributing federal political committee. C Name of Employer HCA, Inc. Occupation VP-Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 3 / 2 0 0 7 Transaction ID: 20607389 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Andrea L. Wozniak Mailing Address 3181 Sand Marsh Lane City Mount Pleasant State SC Zip Code 29466 FEC ID number of contributing federal political committee. C Name of Employer East Cooper Regional Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 3 / 2 0 0 7 Transaction ID: 20607390 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Ms. Rebecca Cheng Mailing Address 8444 Sunset Rose Drive City Corona State CA Zip Code 92883 FEC ID number of contributing federal political committee. C Name of Employer Corona Regional Medical Center Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7 Transaction ID: 20607392 Amount of Each Receipt this Period 400.00
B. Full Name (Last, First, Middle Initial) Robert Halinski Mailing Address 101 Hedgerow Way City Lansdale State PA Zip Code 19446 FEC ID number of contributing federal political committee. C Name of Employer Universal Health Services, Inc. Occupation Director of Reimbursement Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7 Transaction ID: 20607394 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Jane D Englebright Mailing Address 241 Gillette Drive City Franklin State TN Zip Code 37069-4115 FEC ID number of contributing federal political committee. C Name of Employer HCA, Inc. Occupation Hospital Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7 Transaction ID: 20607395 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Sam Hankins, Jr.

Mailing Address 203 Sheffield Place

City	State	Zip Code
Nashville	TN	37215

FEC ID number of contributing
federal political committee.**C**Name of Employer
HCA, Inc.Occupation
Group CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	0	7

Transaction ID: 20607396

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Alan B Miller

Mailing Address 57 Crosby Brown Road

City	State	Zip Code
Gladwyne	PA	19035

FEC ID number of contributing
federal political committee.**C**Name of Employer
Universal Health Services,
IncOccupation
Chairman & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	7

Transaction ID: 20684326

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. David G Anderson

Mailing Address 1057 Vaughn Crest Drive

City	State	Zip Code
Franklin	TN	37069

FEC ID number of contributing
federal political committee.**C**Name of Employer
HCA, Inc.Occupation
SVP Finance & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	7

Transaction ID: 20685978

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey D Stone

Mailing Address 9322 Navaho Drive

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA, Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 6 / 2 0 0 7

Transaction ID: 20687131

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Vanas C George

Mailing Address 5189 Colleton Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA, Inc.

Occupation
Healthcare Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 6 / 2 0 0 7

Transaction ID: 20687136

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Michael A Reese

Mailing Address 4600 Taft

City State Zip Code
 Metairie LA 70002

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA, Inc.

Occupation
Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 6 / 2 0 0 7

Transaction ID: 20687138

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Craig C Armin

Mailing Address 23510 Berdon Street

City State Zip Code
 Woodland Hills CA 91367-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tenet Healthcare Corporat-
ion

Occupation
VP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 7

Transaction ID: 20735055

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Harold Orrin Anderson

Mailing Address 4623 Stanford Ave.

City State Zip Code
 Dallas TX 75209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tenet Healthcare Corporat-
ion

Occupation
Senior Vice President - Corporate Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 7

Transaction ID: 20735056

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jayne Chambers

Mailing Address 1256 Kensington Rd

City State Zip Code
 McLean VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
Vice President Legislation & Public Af

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 3 / 2 0 0 7

Transaction ID: 20735060

Amount of Each Receipt this Period

43.00

SUBTOTAL of Receipts This Page (optional)

1043.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey E Cohen

Mailing Address 4927 15th Street, North

City State Zip Code
Arlington VA 22205

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20735062

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Chip Kahn

Mailing Address 4545 N Glebe Road

City State Zip Code
Arlington VA 22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20735064

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Bonnie Money Penny

Mailing Address 14128 Burlingame Road

City State Zip Code
Little Rock AR 72211

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
SVP Administrative Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20735065

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

118.67

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey G. Micklos

Mailing Address 3130 Tennyson St., N.W.

City	State	Zip Code
Washington	DC	20015

FEC ID number of contributing federal political committee.

C

Name of Employer
FAHOccupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: 20735066

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Richard Shallcross

Mailing Address 1513 Kimberleigh Court

City	State	Zip Code
Franklin	TN	37069

FEC ID number of contributing federal political committee.

C

Name of Employer
HCA, Inc.Occupation
CFO-Western Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	7

Transaction ID: 20735068

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael P. Halter

Mailing Address 111 Righters Mill Road

City	State	Zip Code
Narberth	PA	19072-1312

FEC ID number of contributing federal political committee.

C

Name of Employer
Tenet Healthcare Corporat-
ionOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	7

Transaction ID: 20735142

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2530.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Mr. Leonard H. Rosenfeld

Mailing Address 12213 Park Bend Drive

City	State	Zip Code
Dallas	TX	75240

FEC ID number of contributing
federal political committee.**C**Name of Employer
Tenet Healthcare Corporat-
ionOccupation
VP Quality Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	7

Transaction ID: 20735151

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas R Rice

Mailing Address 266 Santa Rosa Lane

City	State	Zip Code
Santa Barbara	CA	93108-2614

FEC ID number of contributing
federal political committee.**C**Name of Employer
Tenet Healthcare Corporat-
ionOccupation
Healthcare Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	7

Transaction ID: 20735153

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ronald L. Kaufman, MD.

Mailing Address 204 Annadale Road

City	State	Zip Code
Pasadena	CA	91105

FEC ID number of contributing
federal political committee.**C**Name of Employer
Tenet Healthcare Corporat-
ionOccupation
Physician Exectuive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	7

Transaction ID: 20735154

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Daniel R Waldmann Mailing Address 2001 19th St., NW #S City Washington State DC Zip Code 20009 FEC ID number of contributing federal political committee. C Name of Employer Tenet Healthcare Corporation Occupation Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 7 Transaction ID: 20836352 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Elizabeth O Johnson Mailing Address 3302 Marsh Lane City Grapevine State TX Zip Code 76051 FEC ID number of contributing federal political committee. C Name of Employer Tenet Healthcare Corporation Occupation VP Clinical Informatics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 7 Transaction ID: 20836353 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Ricky Johnston Mailing Address 404 N. Church St. City McKinney State TX Zip Code 75069 FEC ID number of contributing federal political committee. C Name of Employer Tenet Healthcare Corporation Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 7 Transaction ID: 20836358 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Ms. Sabrina S. Ruderer		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 6916 Sunderland Circle		Transaction ID: 20836359
City Nashville	State TN	Zip Code 37221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HCA, Inc.	Occupation VP, Human Resources - Employee Benefit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Ann G Hatcher		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 410 Brook Hollow Road		Transaction ID: 20836362
City Nashville	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HCA, Inc.	Occupation VP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Jayne Chambers		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 1256 Kensington Rd		Transaction ID: 21011718
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.00
Name of Employer FAH	Occupation Vice President Legislation & Public Af	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 602.00	

SUBTOTAL of Receipts This Page (optional)

1043.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey E Cohen

Mailing Address 4927 15th Street, North

City State Zip Code
Arlington VA 22205

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 21011719

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Chip Kahn

Mailing Address 4545 N Glebe Road

City State Zip Code
Arlington VA 22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 21011720

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Bonnie Money Penny

Mailing Address 14128 Burlingame Road

City State Zip Code
Little Rock AR 72211

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
SVP Administrative Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: 21011721

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

118.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey G. Micklos

Mailing Address 3130 Tennyson St., N.W.

City State Zip Code
 Washington DC 20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: 21011722

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

33533.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 22

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Federation of American Hospitals - FEE REIMBURSEME

Mailing Address 801 Pennsylvania Ave., NW
Suite 245

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5328.73

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: 20593798

Amount of Each Receipt this Period

3497.43

Full Name (Last, First, Middle Initial)

B. Federation of American Hospitals - FEE REIMBURSEME

Mailing Address 801 Pennsylvania Ave., NW
Suite 245

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7542.19

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 7

Transaction ID: 20836355

Amount of Each Receipt this Period

2213.46

SUBTOTAL of Receipts This Page (optional)

5710.89

TOTAL This Period (last page this line number only)

5710.89

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement

Candidate Name
Sen. Robert Bennett

Office Sought: ☐ House
☒ Senate
☐ President

State: UT District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 20726244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address 801 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 20652763

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

2213.46

Bank Fees

Full Name (Last, First, Middle Initial)

B. Wachovia Bank

Mailing Address 801 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 20901578

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

1.00

Bank Fees

Full Name (Last, First, Middle Initial)

C. HMS Promotions, Inc.

Mailing Address PO Box 44298

City Ft. Washington State MD Zip Code 20749

Purpose of Disbursement

In-kind; Golf balls for 8/21/2007 Dave C

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 20859778

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1238.94

In-kind; Golf balls for
8/21/2007 Dave Camp Event

SUBTOTAL of Disbursements This Page (optional)

3453.40

TOTAL This Period (last page this line number only)

3453.40